

11/28/01  
U.S. PTO

## UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATE

Address to:  
Commissioner for Patents  
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Washington, DC 20231

Attorney Docket No.	HUAN3096/EM
First Named Inventor (or identifier)	HUANG et al.
Total Pages	23

11/28/01  
09/994726

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	CONTROL INTERFACE CARD ADAPTED FOR AUTO-RELOADING OBJECT POSITION DATA, COMPARING OBJECT POSITION DATA, AND PROVIDING A TRIGGERING SIGNAL
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p><u>11</u> pages of specification. <input checked="" type="checkbox"/> Abstract. <u>4</u> sheet(s) of drawings. <u>4</u> claim(s). <input checked="" type="checkbox"/> Oath/Declaration signed by each inventor. <input checked="" type="checkbox"/> Application Data Sheet. <input type="checkbox"/> Preliminary Amendment. <input type="checkbox"/> Information Disclosure Statement(s). <input type="checkbox"/> pages of Form PTO-1449, and one copy of each document listed thereon. <input checked="" type="checkbox"/> Assignment of the invention, Cover Sheet, and payment of the <u>\$40.00</u> recordal fee. <input type="checkbox"/> certified copy of application no. _____ filed in _____. Priority is claimed. <input checked="" type="checkbox"/> check in the amount of <u>\$410.00</u> including any assignment recordal fee.</p> <p><input checked="" type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 6. Other: _____.</p>	

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## THE FILING FEE IS CALCULATED AS FOLLOWS:

Total Claims:	4	- 20 =	0	X \$18 =	0.00
Independent Claims:	1	- 3 =	0	X \$84 =	0.00

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PATENT TRADEMARK OFFICE

Multiple Dependent Claim (add \$280.00):

Phone: 703-683-0500 Fax: 703-683-1080 Total: 370.00

Subtotal: 740.00

50% Reduction if Small Entity Status: 370.00

Date:	Name:	Signature:	Reg. No.
November 28, 2001	Eugene Mar		25,893